

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.orgWeb site: www.hawaii.gov/ethics

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NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			STATE OF HAWAII STATE ETHICS COMMISSION
NAME (Last)	(First)	(Middle)	TELEPHONE
Santiago	Alexander	C.	(808)-383-9032
MAILING ADDRESS (Street)			FAX
P.O. Box 327			EMAIL
			alexcsanti@gmail.com
(City)	(State)	(Zip Code)	
Waianae	HI	96792	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Dental Hygienists' Association		
MAILING ADDRESS (Street)		FAX
P.O. Box 23313		EMAIL
		memiyashiro23@yahoo.com
(City)	(State)	(Zip Code)
Honolulu	HI	96823
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Gayle Chang		
MAILING ADDRESS (Street)		FAX
P.O. Box 23313		EMAIL
		gaylechang@pacific-ocean.com
(City)	(State)	(Zip Code)
Honolulu	HI	96823

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Alexander C. Santiago

(Signature of Lobbyist)

1-18-13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Ellie Kelley-Miyashiro

President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
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Hawaii Dental Hygienists' Association

MAILING ADDRESS (Street)	FAX
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P. O. Box 23313

EMAIL

memiyashiro23@yahoo.com

(City)	(State)	(Zip Code)
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Honolulu

HI

96823

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Ellie Kelley-Miyashiro

(Signature of Authorizing Officer or Person Represented)

1-18-13

(Date)